

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing

Today's List | [Open Items](#) | Messages [4] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

**Patient Dashboard**

**Saylor, Jayden**

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:

Pri. Care Provider:

Unread Messages:

Message Alert

History

Electronic Notes

Chart# SAYJA0001 Age 17 yrs 3 mths Sex: Male Pat. Due \$0.0 [Print Last STMT.](#)

sent script for compounding cream to Omni plus pharmacy

Enter Keyword [i](#)

**Patient's Primary Insurance Details**

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

**Demographics** ✓ **Allergies** ✓ **OmniMD Rx History** **Transcriptions** **Messages**

**Insurance Records** **Current Medications** ✓ **All Rx History** **Referrals** **CDA**

**Eligibility Info** **Medical History** ▾ **Rx Refills** **Form Records** **Lock Users**

**Advance Directives** **Family History** **Rx Change Requests** **Scanned Documents** ✓ **Super Bills**

**Patient Confidentiality** **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**

**Patient Annotations** **Immunization** **Lab/Radiology Test Results** **Active Problem List** **Patient Contact**

**Patient Activity History** **HIPAA Disclosure** **Progress Report** **Pending Immunizations**

**Incoming Referral File** **Amendment** **Patient Education** ▾

**Patient Portal Information** [i](#)

**Billing Note**

**Cases and Visits** [New Case / Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 10/29/2013 11:30 AM-11:45 AM TUE	np	Ms. Maries Laurel	<a href="#">i</a> <a href="#">f</a>	<a href="#">i</a>

**Patient's Recent and Upcoming Health Alerts** [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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**Patient's Future Appointments** [Print](#)

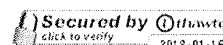
Dt. of Service	Chief Complaint	Provider	Procedures
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Charts & Reports: [Growth Charts](#)

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GOVERNMENT  
EXHIBIT  
**612**  
4:18-CR-368

Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 1 of 2

Patient : **Saylor, Jayden** Sex : Male  
 Chart# : SAYJA0001 DOB : [REDACTED]  
 Phone : [REDACTED] (H), Address : [REDACTED] Garland, Texas 75044  
 Ref By :

DOS : **10/29/2013 11:30 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
No Current Medication Recorded.				

**VITAL SIGNS****Height** 67 inch 170 cm**Weight** 120 lbs 54.4 Kg**BMI** 18.8 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** Saylor, Jayden**Chart Number:** SAYJA0001**Date of Service:** 10/29/2013 11:30 AM(CST)**Procedure Performed:****Vitals:**Temp: \_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Pulse Rate: \_\_\_\_ O2 Sat: \_\_\_\_  
Starting Weight: \_\_\_\_ Current Weight: \_\_\_\_ Change: \_\_\_\_**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES**

Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 2 of 2

**Disposition**

Patient		DOB	
Jayden Saylor		[REDACTED]	
Home Phone	Cell Phone		
Address			
City	State	Zip	
Garland	TX	75044	
Allergies	Diag.		
Penicillin			

Insurance Info		
Carrier: UHC / 826737871		
Bin#	PCN#	
Group #	201057	
Workers Comp	Yes	No
DOI	Claim #	

**General Pain / Inflammation**

- |                                |   |                                |  |
|--------------------------------|---|--------------------------------|--|
| <input type="checkbox"/> GPI-1 | <ul style="list-style-type: none"> <li>• Flurbiprofen 10%</li> <li>• Cyclobenzaprine 2%</li> <li>• Baclofen 2%</li> <li>• Lidocaine 2%</li> </ul> | <input type="checkbox"/> GPI-2 | <ul style="list-style-type: none"> <li>• Tramadol 5%</li> <li>• Flurbiprofen 20%</li> <li>• Cyclobenzaprine 2%</li> <li>• Baclofen 2%</li> </ul> |
|--------------------------------|---|--------------------------------|--|

**Neuropathic & Chronic Pain**

- |                                |   |                                 |  |
|--------------------------------|---|---------------------------------|--|
| <input type="checkbox"/> NCP-5 | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Baclofen 2%</li> <li>• Gabapentin 6%</li> <li>• Imipramine 3%</li> <li>• Nifedipine 2%</li> <li>• Lidocaine 2.5%</li> </ul>    | <input type="checkbox"/> NCP-6  | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Lidocaine 5%</li> <li>• Acyclovir 10%</li> <li>• Amitriptyline 2%</li> </ul>                                |
| <input type="checkbox"/> NCP-7 | <ul style="list-style-type: none"> <li>• Flurbiprofen 20%</li> <li>• Baclofen 2%</li> <li>• Cyclobenzaprine 2%</li> <li>• Gabapentin 6%</li> <li>• Lidocaine 2.5%</li> </ul>                    | <input type="checkbox"/> NCP-8  | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Baclofen 2%</li> <li>• Cyclobenzaprine 2%</li> <li>• Flurbiprofen 10%</li> <li>• Gabapentin 6%</li> </ul>   |
| <input type="checkbox"/> NCP-9 | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Baclofen 2%</li> <li>• Cyclobenzaprine 2%</li> <li>• Gabapentin 6%</li> <li>• Lidocaine 2%</li> <li>• Diclofenac 3%</li> </ul> | <input type="checkbox"/> NCP-10 | <ul style="list-style-type: none"> <li>• Acyclovir 5%</li> <li>• Deoxy-D-Glucose 2%</li> <li>• Ketoprofen 10%</li> <li>• Amitriptyline 2%</li> <li>• Lidocaine 5%</li> </ul> |
|                                |   | <input type="checkbox"/> NCP-11 | <ul style="list-style-type: none"> <li>• Lidocaine 2%</li> <li>• Prilocaine 2%</li> <li>• Lamotrigine 2.5%</li> <li>• Meloxicam 0.09%</li> </ul>                             |

**Back & Radicular Pain**

- |                                |   |                                |   |
|--------------------------------|---|--------------------------------|---|
| <input type="checkbox"/> BRP-3 | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Clonidine 0.2%</li> <li>• Gabapentin 6%</li> <li>• Flurbiprofen 10%</li> <li>• Lidocaine 2%</li> </ul> | <input type="checkbox"/> BRP-4 | <ul style="list-style-type: none"> <li>• Gabapentin 6%</li> <li>• Clonidine 0.1%</li> <li>• Diclofenac 2%</li> <li>• Lidocaine 2%</li> <li>• Pentoxifylline 2%</li> </ul> |
|--------------------------------|---|--------------------------------|---|

**Specialty**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> 11. KITL<br>gout                                 | <ul style="list-style-type: none"> <li>Ketoprofen 10%</li> <li>Indomethacin 10%</li> <li>Triamcinolone 0.2%</li> <li>Lidocaine 5%</li> </ul>  | <input type="checkbox"/> 14. Infected Wounds             | <ul style="list-style-type: none"> <li>Phenytoin 5%</li> <li>Misoprostol 0.0024%</li> <li>Aloe Vera 200:1</li> <li>Prilocaine 2%</li> <li>Levofloxacin 2%</li> <li>Metronidazole 2%</li> <li>Vancomycin 5%</li> </ul> |
| <input checked="" type="checkbox"/> 12. Multi Purpose<br>Topical Scar Gel | <ul style="list-style-type: none"> <li>Fluticasone Propionate 1%</li> <li>Levoflozine Dihydrochloride 2%</li> <li>Pentoxifylline 0.5%</li> <li>Prilocaine 3%</li> <li>Gabapentin 15%</li> </ul> | <input type="checkbox"/> 15. Other<br>custom formulation |   |
| <input type="checkbox"/> 13. Non-Infected<br>Wounds                       | <ul style="list-style-type: none"> <li>Phenytoin 5%</li> <li>Misoprostol 0.0024%</li> <li>Aloe Vera 200:1</li> <li>Prilocaine 2%</li> <li>in SpiraWash Gel Base</li> </ul>                      |  |   |

Quantity: ~~300 mLs~~ (Three Hundred) = 4 week supply Other Qty: 120 mLs x 2 wks  
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 7  
 Alternate SIG: \_\_\_\_\_

Prescriber Name: Colleen Kennedy, MD NPI # 1508897810  
 Lic. #: M7325 DEA #: \_\_\_\_\_  
 Address: 1309 Ridge Rd. Ste 109 Rockwall, TX 75089  
 Phone #: 214. 775. 1356 Fax #: 214. 613. 2231  
 Signature (Note: Manual Signature Required for CS) \_\_\_\_\_ Date: 10/29/13

Note: Tramadol and Ketamine are controlled substances.

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KEN002579

GX612.004

DOJ\_18CR368-0118742

JAYDEN Saylor		[REDACTED]		Insurance Info	
Home Phone		Cell Phone		Carrier:	
Address		[REDACTED]		Bin#	PCN#
City		State	Zip	Group #	
Garland		TX	75044	Workers Comp	Yes No
Allergies		Diag.		DOI	Claim #
None					

**General Pain / Inflammation**

- ☐ GPI-2
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Back & Radicular Pain**

- ☐ BRP-3
- Ketamine 10%
  - Clonidine 0.2%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Lidocaine 2%

- ☐ BRP-4
- Gabapentin 6%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Neuropathic & Chronic Pain**

- ☐ NCP-5
- Ketamine 10%
  - Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Lidocaine 2.5%

- ☐ NCP-8
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 10%
  - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

- ☐ NCP-7
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%

- ☐ NCP-9
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2%
  - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Specialty**

- ☒ SCAR
- Fluticasone Propionate 1%
  - Levorotidine Dihydrochloride 2%
  - Pentoxifylline 0.5%
  - For painful scars add:
  - Prilocaine 3%
  - Gabapentin 15%

- ☐ DERM-2: TOPICAL ANTI FUNGAL CREAM
- Fluticasone 1%
  - Fluconazole 2%
  - Pentoxifylline 0.5%
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☐ DERM-3: ANTI FUNGAL NAIL LOTION
- Fluticasone 1%
  - Fluconazole 2%
  - Urea 15%

- ☐ DERM-5: CONTACT DERMATITIS
- Fluticasone 1%
  - Methylcobalamin 0.07%
  - Coenzyme Q10 4%
  - Contact Dermatitis with pain add:
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☒ DERM-6: PSORIASIS
- Fluticasone 1%
  - Methylcobalamin 0.042%
  - Coenzyme Q10 2.4%
  - Vitamin D3 0.03%
  - Tretinoin 0.012%

- ☐ DERM-7: PLANTAR FASCIITIS
- Diclofenac 5%
  - Baclofen 2%
  - Fluticasone 1%
  - Lidocaine 2%
  - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Metabolic Supplements**

- ☐ MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS
- Co-Q10 75mg
  - Alpha Lipic Acid 50mg
  - N Acetyl Cystine 250mg
  - Vit D3 1000 IU

- ☐ MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS
- Methylcobalamin 40mg
  - Pyridoxal-5-Phosphate 100mg
  - 5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: \_\_\_\_\_)  
 Refills: \_\_\_\_\_

Alternative SIG: \_\_\_\_\_

Prescriber Name: Colleen Kennedy NPI # 1058897810

Lic. #: 17325 DEA #: \_\_\_\_\_

Address: 1309 Ridge Rd Ste 109 Rockwall, TX 75087

Phone #: 214-775-1356 Fax #: 214-613-2231

Signature (Note: Manual Signature Required for CS) \_\_\_\_\_

Date: 1/24/19

Note: Ketamine is Schedule III controlled substance.

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KEN002580

GX612.005

DOJ\_18CR368-0118743

Dr. Colleen Kennedy, M.D., [Baylor Dallas Clinic](#), **Colleen I Kennedy, MD, PA**
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[Today's List](#) | [Open Items](#) | [Messages](#) [4: 0] | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

## Patient Dashboard

<b>Vinzant, Helen</b> Garland, Texas - 75044 SSN # [REDACTED] Ext. Rec # [REDACTED] Phone [REDACTED] (H) DOB [REDACTED] Age 38 yrs Sex: Female Pat. Due \$0.0 <a href="#">Print Last STMT.</a>		Principal Provider: Dr. Colleen Kennedy <a href="#">Health Record</a> Referring Provider: Pri. Care Provider: Unread Messages: <b>Message Alert</b> sent script for compounding cream to Omni plus pharmacy <a href="#">History</a> <a href="#">Edit</a>	<b>Electronic Notes</b> <input type="text" value="Enter Keyword"/> <a href="#">Q</a> <a href="#">i</a>
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## Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
United Healthcare...	Grp: 628055591	MemId:	to	Co-Pay:	Edit
Policy: <b>826737871</b>	Plan:	SubId:		Ann.Deduc:	Eligibility

<a href="#">Demographics</a> ✓	<a href="#">Allergies</a>	<a href="#">OmniMD Rx History</a>	<a href="#">Transcriptions</a>	<a href="#">Messages</a>
<a href="#">Insurance Records</a> ✓	<a href="#">Current Medications</a>	<a href="#">All Rx History</a>	<a href="#">Referrals</a>	<a href="#">CDA</a>
<a href="#">Eligibility Info</a>	<a href="#">Medical History</a> ▾	<a href="#">Rx Refills</a>	<a href="#">Form Records</a>	<a href="#">Lock Users</a>
<a href="#">Advance Directives</a>	<a href="#">Family History</a>	<a href="#">Rx Change Requests</a>	<a href="#">Scanned Documents</a> ✓	<a href="#">Super Bills</a>
<a href="#">Patient Confidentiality</a>	<a href="#">Social History</a>	<a href="#">Lab/Radiology Orders</a>	<a href="#">Patient Flow Sheet</a>	<a href="#">Patient Ledger</a>
<a href="#">Patient Annotations</a>	<a href="#">Immunization</a>	<a href="#">Lab/Radiology Test Results</a>	<a href="#">Active Problem List</a>	<a href="#">Patient Contact</a>
<a href="#">Patient Activity History</a>	<a href="#">HIPAA Disclosure</a>	<a href="#">Progress Report</a>	<a href="#">Pending Immunizations</a>	
<a href="#">Incoming Referral File</a>	<a href="#">Amendment</a>	<a href="#">Patient Education</a> ▾		
<a href="#">Patient Portal Information</a> ⓘ				
<a href="#">Billing Note</a>				

## Cases and Visits

Date of Service	Chief Complaint	Attending Provider	Progress	New Case/Visit	Action
Case: np 10/29/2013 11:15 AM-11:30 AM TUE	np	Ms. Maries Laurel	<a href="#">F</a> <a href="#">S</a>	<a href="#">New Case/Visit</a>	<a href="#">Action</a>

## Patient's Recent and Upcoming Health Alerts

Applicable	Category	Health Alert	Status	Action	Communication Type
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## Patient's Future Appointments

Dt.of Service	Chief Complaint	Provider	Procedures
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Visit Report - Vinzant, Helen - 10/29/2013 11:15 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Vinzant, Helen** Sex : Female

Chart# : VINHE0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED]

Ref By :

DOS : **10/29/2013 11:15 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications****VITAL SIGNS****Height** 63 inch 160 cm**Weight** 125 lbs 56.7 Kg**BMI** 22.1 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** Vinzant, Helen**Chart Number:** VINHE0001**Date of Service:** 10/29/2013 11:15 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat:

Starting Weight: \_\_\_ Current Weight: \_\_\_ Change:

**Current Medications:****Note:** c/o of joint pains and has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream**Impression:** scarring with poor healing, joint pain**Plan:** apply compound scar reduction cream and pain/inflammation cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**



Patient <b>Helen VINZANT</b>		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City <b>Saraland</b>		State <b>TX</b>	Zip <b>75044</b>
Allergies <b>NKDA</b>		Diag.	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

**General Pain / Inflammation**

- ☐ **GPI-1**
- Flurbiprofen 10%
  - Cyclobenzaprine 2%
  - Baclofen 2%
  - Lidocaine 2%
- ☐ **GPI-2**
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

**Back & Radicular Pain**

- ☐ **BRP-3**
- Ketamine 10%
  - Clonidine 0.2%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Lidocaine 2%
- ☐ **BRP-4**
- Gabapentin 6%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

**Neuropathic & Chronic Pain**

- ☐ **NCP-5**
- Ketamine 10%
  - Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Lidocaine 2.5%
- ☐ **NCP-6**
- Ketamine 10%
  - Lidocaine 5%
  - Acyclovir 10%
  - Amitriptyline 2%
- ☐ **NCP-7**
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%
- ☐ **NCP-8**
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 10%
  - Gabapentin 6%
- ☐ **NCP-9**
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2%
  - Diclofenac 3%
- ☐ **NCP-10**
- Acyclovir 5%
  - Deoxy-D-Glucose 2%
  - Ketoprofen 10%
  - Amitriptyline 2%
  - Lidocaine 5%
- ☐ **NCP-11**
- Lidocaine 2%
  - Prilocaine 2%
  - Lamotrigine 2.5%
  - Meloxicam 0.09%

**Specialty**

- ☐ **11. KITL gout**
- Ketoprofen 10%
  - Indomethacin 10%
  - Triamcinolone 0.2%
  - Lidocaine 5%
- ☒ **12. Multi Purpose Topical Scar Gel**
- Fluticasone Propionate 1%
  - Levocetirizine Dihydrochloride 2%
  - Pentoxifylline 0.5%
  - Prilocaine 3%
  - Gabapentin 15%
- ☐ **13. Non-Infected Wounds**
- Phenyltol 5%
  - Misoprostol 0.0024%
  - Aloe Vera 200:1
  - Prilocaine 2%
  - in SpiraWash Gel Base
- ☐ **14. Infected Wounds**
- Phenyltol 5%
  - Misoprostol 0.0024%
  - Aloe Vera 200:1
  - Prilocaine 2%
  - Levofloxacin 2%
  - Metronidazole 2%
  - Vancomycin 5%
- ☐ **15. Other custom formulation**

Quantity: ~~300 mLs~~ (Three Hundred) = ~~4 week supply~~ Other Qty: 120 mLs for 2 wks  
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: PAN  
 Alternate SIG: \_\_\_\_\_

Prescriber Name: Kennedy, Mollie W NPI # 1508897810  
 Lic. #: M7725 DEA: # \_\_\_\_\_  
 Address: 1309 Ridge Rd. Ste 109, Rockwall TX 75087  
 Phone #: 214-775-1356 Fax #: 214-613-2231  
 Signature (Note: Manual Signature Required for CS) [Signature] Date: 10/29/19

Note: Tramadol and Ketamine are controlled substances.

**CONFIDENTIAL****KEN002922**

GX612.008

DOJ-18CR368-0119085



Patient		DOB	
Helen VINZANT			
Home Phone		Cell Phone	
Address			
City	Garland	State	TX
		Zip	75044
Allergies	NKDA		
Diag.			

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

## General Pain / Inflammation

- ☐ GPI-1
- Flurbiprofen 10%
  - Cyclobenzaprine 2%
  - Baclofen 2%
  - Lidocaine 2%
- ☐ GPI-2
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

## Back &amp; Radicular Pain

- ☐ BRP-3
- Ketamine 10%
  - Clonidine 0.2%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Lidocaine 2%
- ☐ BRP-4
- Gabapentin 5%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

## Neuropathic &amp; Chronic Pain

- ☐ NCP-5
- Ketamine 10%
  - Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Lidocaine 2.5%
- ☒ NCP-7
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%
- ☐ NCP-9
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2%
  - Diclofenac 3%
- ☐ NCP-6
- Ketamine 10%
  - Lidocaine 5%
  - Acyclovir 10%
  - Amitriptyline 2%
- ☐ NCP-8
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 10%
  - Gabapentin 6%
- ☐ NCP-10
- Acyclovir 5%
  - Deoxy-D-Glucose 2%
  - Ketoprofen 10%
  - Amitriptyline 2%
  - Lidocaine 5%
- ☐ NCP-11
- Lidocaine 2%
  - Prilocaine 2%
  - Lamotrigine 2.5%
  - Meloxicam 0.09%

## Specialty

- ☐ 11. KITL  
gout
- Ketoprofen 10%
  - Indomethacin 10%
  - Triamcinolone 0.2%
  - Lidocaine 5%
- ☐ 12. Multi Purpose  
Topical Scar Gel
- Fluticasone Propionate 1%
  - Levocetirizine Dihydrochloride 2%
  - Pentoxifylline 0.5%
  - Prilocaine 3%
  - Gabapentin 15%
- ☐ 13. Non-Infected  
Wounds
- Phenyltolin 5%
  - Misoprostol 0.0024%
  - Aloe Vera 200:1
  - Prilocaine 2%
  - in SpiraWash Gel Base
- ☐ 14. Infected Wounds
- Phenyltolin 5%
  - Misoprostol 0.0024%
  - Aloe Vera 200:1
  - Prilocaine 2%
  - Levofloxacin 2%
  - Metronidazole 2%
  - Vancomycin 5%
- ☐ 15. Other  
custom formulation

Quantity: 300mls (Three Hundred) = 4 week supply Other Qty: \_\_\_\_\_

SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: PRN

Alternate SIG: \_\_\_\_\_

Prescriber Name: Kennedy Colleen MD NPI # 1508897810

Lic. #: M7325 DEA: # \_\_\_\_\_

Address: 1809 Ridge Rd Ste 109, Rockwell TX 75087

Phone #: 214. 775. 1356 Fax #: 214. 613. 2231

Signature (Note: Manual Signature Required for CS) [Signature] Date: 10/22/13

Note: Tramadol and Ketamine are controlled substances.

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KEN002923

GX612.009

DOJ\_18CR368-0119086

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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## Patient Dashboard

<b>Vinzant, Jonathan</b> SSN # [REDACTED] Ext. Rec#: [REDACTED] (H) Phone [REDACTED] DOB [REDACTED] Age 38 yrs Sex: Male Chart# VINJ00001 Pat. Due \$0.0 <a href="#">Print Last STMT.</a>		Principal Provider: Dr. Colleen Kennedy <a href="#">Health Record</a> Referring Provider: Pri. Care Provider: Unread Messages: <a href="#">Message Alert</a>	<a href="#">History</a> <a href="#">Edit</a>	<a href="#">Electronic Notes</a> <input type="text"/> <a href="#">Search</a>
--	--	--	---	---

## Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
UnitedHealthcare...	Grp: 628055591	MemId:	to	Co-Pay:	<a href="#">Edit</a>
Policy: <b>826737871</b>	Plan:	SubId:		Ann.Deduc:	<a href="#">Eligibility</a>

<a href="#">Demographics</a> ✓	<a href="#">Allergies</a>	<a href="#">OmniMD Rx History</a>	<a href="#">Transcriptions</a>	<a href="#">Messages</a>
<a href="#">Insurance Records</a> ✓	<a href="#">Current Medications</a>	<a href="#">All Rx History</a>	<a href="#">Referrals</a>	<a href="#">CDA</a>
<a href="#">Eligibility Info</a>	<a href="#">Medical History</a> ▾	<a href="#">Rx Refills</a>	<a href="#">Form Records</a>	<a href="#">Lock Users</a>
<a href="#">Advance Directives</a>	<a href="#">Family History</a>	<a href="#">Rx Change Requests</a>	<a href="#">Scanned Documents</a> ✓	<a href="#">Super Bills</a>
<a href="#">Patient Confidentiality</a>	<a href="#">Social History</a>	<a href="#">Lab/Radiology Orders</a>	<a href="#">Patient Flow Sheet</a>	<a href="#">Patient Ledger</a>
<a href="#">Patient Annotations</a>	<a href="#">Immunization</a>	<a href="#">Lab/Radiology Test Results</a>	<a href="#">Active Problem List</a>	<a href="#">Patient Contact</a>
<a href="#">Patient Activity History</a>	<a href="#">HIPAA Disclosure</a>	<a href="#">Progress Report</a>	<a href="#">Pending Immunizations</a>	
<a href="#">Incoming Referral File</a>	<a href="#">Amendment</a>	<a href="#">Patient Education</a> ▾		
<a href="#">Patient Portal Information</a> ⓘ				
<a href="#">Billing Note</a>				

## Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress ⓘ	Action
Case: np 10/29/2013 11:00 AM-11:15 AM TUE	np	Ms. Maries Laurel	<a href="#">F</a> <a href="#">M</a>	<a href="#">...</a>

## Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

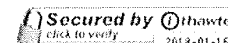
## Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

[Delete Patient](#)[HELP](#)Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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Visit Report - Vinzant, Jonathan - 10/29/2013 11:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Vinzant, Jonathan** Sex : Male

Chart# : VINJO0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED] Garland, Texas 75044

Ref By :

DOS : **10/29/2013 11:00 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications****VITAL SIGNS****Height** 69 inch 175 cm**Weight** 220 lbs 99.8 Kg**BMI** 32.5 Kg/m<sup>2</sup> Abnormal**FOLLOW UP NOTE****Patient Name:** Vinzant, Jonathan**Chart Number:** VINJO0001**Date of Service:** 10/29/2013 11:00 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat:

Starting Weight: \_\_\_ Current Weight: \_\_\_ Change:

**Current Medications:****Note:** c/o of joint pains and has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream**Impression:** scarring with poor healing, joint pain**Plan:** apply compound scar reduction cream and pain/inflammation cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

Patient		DOB		Insurance Info	
Jonathan Vinzant				Carrier: V#4 826737871	
Home Phone		Cell Phone		Bin#	PCN#
Address				Group #	
City	Garland	State	TX	Zip	75044
Allergies	Erythromycin		Diag.		
Workers Comp				Yes	No
DOI				Claim #	

## General Pain / Inflammation

☐

## GPI-1

- Flurbiprofen 10%
- Cyclobenzaprine 2%
- Baclofen 2%
- Lidocaine 2%

☐

## GPI-2

- Tramadol 5%
- Flurbiprofen 20%
- Cyclobenzaprine 2%
- Baclofen 2%

☐

## BRP-3

- Ketamine 10%
- Clonidine 0.2%
- Gabapentin 6%
- Flurbiprofen 10%
- Lidocaine 2%

☐

## BRP-4

- Gabapentin 6%
- Clonidine 0.1%
- Diclofenac 2%
- Lidocaine 2%
- Pentoxifylline 2%

## Neuropathic &amp; Chronic Pain

☐

## NCP-5

- Ketamine 10%
- Baclofen 2%
- Gabapentin 6%
- Imipramine 3%
- Nifedipine 2%
- Lidocaine 2.5%

☐

## NCP-6

- Ketamine 10%
- Lidocaine 5%
- Acyclovir 10%
- Amitriptyline 2%

☐

## NCP-8

- Ketamine 10%
- Baclofen 2%
- Cyclobenzaprine 2%
- Flurbiprofen 10%
- Gabapentin 6%

☐

## NCP-7

- Flurbiprofen 20%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2.5%

☐

## NCP-10

- Acyclovir 5%
- Deoxy-D-Glucose 2%
- Ketoprofen 10%
- Amitriptyline 2%
- Lidocaine 5%

☐

## NCP-9

- Ketamine 10%
- Baclofen 2%
- Cyclobenzaprine 2%
- Gabapentin 6%
- Lidocaine 2%
- Diclofenac 3%

☐

## NCP-11

- Lidocaine 2%
- Prilocaine 2%
- Larnotrigine 2.5%
- Meoxicam 0.09%

## Specialty

☐11. KITL  
gout

- Ketoprofen 10%
- Indomethacin 10%
- Triamcinolone 0.2%
- Lidocaine 5%

☒12. Multi Purpose  
Topical Scar Gel

- Fluticasone Propionate 1%
- Levocetirizine Dihydrochloride 2%
- Pentoxifylline 0.5%
- Prilocaine 3%
- Gabapentin 15%

☐13. Non-Infected  
Wounds

- Phenytoin 5%
- Misoprostol 0.0024%
- Aloe Vera 200:1
- Prilocaine 2%
- in SpiraWash Gel Base

☐

## 14. Infected Wounds

- Phenytoin 5%
- Misoprostol 0.0024%
- Aloe Vera 200:1
- Prilocaine 2%
- Levofloxacin 2%
- Metronidazole 2%
- Vancomycin 5%

☐15. Other  
custom formulation

Quantity: 300mL (Three Hundred) = 4 week supply Other Qty: 120 mL x 2 weeks

SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mL Refills: prn

Alternate SIG: \_\_\_\_\_

Prescriber Name: Colleen Kennedy-MN NPI # 1508897810

Lic. #: M7325 DEA. # \_\_\_\_\_

Address: 1309 Ridge Rd. Ste 109, Rockwall, TX 75087

Phone #: 214.775.1356 Fax #: 214.613.2231

Signature (Note: Manual Signature Required for CS) \_\_\_\_\_ Date: 10/29/13

Note: Tramadol and Ketamine are controlled substances.

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DOJ-18CR368-0119089

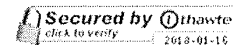
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## Patient Personal Record

<b>Vinzant, Jonathan</b>	Sex	Male	DOB	[REDACTED]	Age	38 yrs
Chart # VINO0001	SSN #		Phone #	[REDACTED]	(H)	

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History](#) | [Add/View Patient Past Address](#)

First Name	<b>Jonathan</b>	Address1	[REDACTED]
Last Name	<b>Vinzant</b>	Address2	
Middle Initial		City	Garland
SSN		State	Texas
Suffix		Zip Code	75044
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Unknown if ever smoked	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/11/2014
		Last Modified By	Ms. Robie Hansen

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Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing

Today's List | [Open Items](#) | Messages [4] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

**Patient Dashboard**

**Saylor, Jayden**

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:

Pri. Care Provider:

Unread Messages:

Message Alert

History

Electronic Notes

Chart# SAYJA0001 Age 17 yrs 3 mths Sex: Male Pat. Due \$0.0 [Print Last STMT.](#)

sent script for compounding cream to Omni plus pharmacy

Enter Keyword [i](#)

**Patient's Primary Insurance Details**

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

**Demographics** ✓ **Allergies** ✓ **OmniMD Rx History** **Transcriptions** **Messages**

**Insurance Records** **Current Medications** ✓ **All Rx History** **Referrals** **CDA**

**Eligibility Info** **Medical History** ▾ **Rx Refills** **Form Records** **Lock Users**

**Advance Directives** **Family History** **Rx Change Requests** **Scanned Documents** ✓ **Super Bills**

**Patient Confidentiality** **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**

**Patient Annotations** **Immunization** **Lab/Radiology Test Results** **Active Problem List** **Patient Contact**

**Patient Activity History** **HIPAA Disclosure** **Progress Report** **Pending Immunizations**

**Incoming Referral File** **Amendment** **Patient Education** ▾

**Patient Portal Information** [i](#)

**Billing Note**

**Cases and Visits** [New Case / Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 10/29/2013 11:30 AM-11:45 AM TUE	np	Ms. Maries Laurel	<a href="#">i</a> <a href="#">f</a>	<a href="#">i</a> <a href="#">f</a>

**Patient's Recent and Upcoming Health Alerts** [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

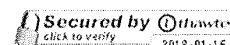
**Patient's Future Appointments** [Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

**Charts & Reports:** [Growth Charts](#) [Delete Patient](#)

[HELP](#) Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 1 of 2

Patient : **Saylor, Jayden** Sex : Male

Chart# : SAYJA0001

DOB :

Phone : (H),

Address :

Garland, Texas 75044

Ref By :

DOS : **10/29/2013 11:30 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**Current MedicationDosageFrequencyDurationReason

No Current Medication Recorded.

**VITAL SIGNS****Height** 67 inch 170 cm**Weight** 120 lbs 54.4 Kg**BMI** 18.8 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** Saylor, Jayden**Chart Number:** SAYJA0001**Date of Service:** 10/29/2013 11:30 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat:

Starting Weight: \_\_\_ Current Weight: \_\_\_ Change:

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES**



Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 2 of 2

**Disposition**

Patient		DOB	
Jayden Saylor			
Home Phone	Cell Phone		
Address			
City	State	Zip	
Garland	TX	75044	
Allergies	Diag.		
Penicillin			

Insurance Info		
Carrier:	UHC / 826737871	
Bin#	PCN#	
Group #	201057	
Workers Comp	Yes	No
DOI	Claim #	

**General Pain / Inflammation**

- |                             |   |                             |  |
|-----------------------------|---|-----------------------------|--|
| <input type="radio"/> GPI-1 | <ul style="list-style-type: none"> <li>• Flurbiprofen 10%</li> <li>• Cyclobenzaprine 2%</li> <li>• Baclofen 2%</li> <li>• Lidocaine 2%</li> </ul> | <input type="radio"/> GPI-2 | <ul style="list-style-type: none"> <li>• Tramadol 5%</li> <li>• Flurbiprofen 20%</li> <li>• Cyclobenzaprine 2%</li> <li>• Baclofen 2%</li> </ul> |
|-----------------------------|---|-----------------------------|--|

**Neuropathic & Chronic Pain**

- |                             |   |                              |  |
|-----------------------------|---|------------------------------|--|
| <input type="radio"/> NCP-5 | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Baclofen 2%</li> <li>• Gabapentin 6%</li> <li>• Imipramine 3%</li> <li>• Nifedipine 2%</li> <li>• Lidocaine 2.5%</li> </ul>    | <input type="radio"/> NCP-6  | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Lidocaine 5%</li> <li>• Acyclovir 10%</li> <li>• Amitriptyline 2%</li> </ul>                                |
| <input type="radio"/> NCP-7 | <ul style="list-style-type: none"> <li>• Flurbiprofen 20%</li> <li>• Baclofen 2%</li> <li>• Cyclobenzaprine 2%</li> <li>• Gabapentin 6%</li> <li>• Lidocaine 2.5%</li> </ul>                    | <input type="radio"/> NCP-8  | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Baclofen 2%</li> <li>• Cyclobenzaprine 2%</li> <li>• Flurbiprofen 10%</li> <li>• Gabapentin 6%</li> </ul>   |
| <input type="radio"/> NCP-9 | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Baclofen 2%</li> <li>• Cyclobenzaprine 2%</li> <li>• Gabapentin 6%</li> <li>• Lidocaine 2%</li> <li>• Diclofenac 3%</li> </ul> | <input type="radio"/> NCP-10 | <ul style="list-style-type: none"> <li>• Acyclovir 5%</li> <li>• Deoxy-D-Glucose 2%</li> <li>• Ketoprofen 10%</li> <li>• Amitriptyline 2%</li> <li>• Lidocaine 5%</li> </ul> |
|                             |   | <input type="radio"/> NCP-11 | <ul style="list-style-type: none"> <li>• Lidocaine 2%</li> <li>• Prilocaine 2%</li> <li>• Lamotrigine 2.5%</li> <li>• Meloxicam 0.09%</li> </ul>                             |

**Back & Radicular Pain**

- |                             |   |                             |   |
|-----------------------------|---|-----------------------------|---|
| <input type="radio"/> BRP-3 | <ul style="list-style-type: none"> <li>• Ketamine 10%</li> <li>• Clonidine 0.2%</li> <li>• Gabapentin 6%</li> <li>• Flurbiprofen 10%</li> <li>• Lidocaine 2%</li> </ul> | <input type="radio"/> BRP-4 | <ul style="list-style-type: none"> <li>• Gabapentin 6%</li> <li>• Clonidine 0.1%</li> <li>• Diclofenac 2%</li> <li>• Lidocaine 2%</li> <li>• Pentoxifylline 2%</li> </ul> |
|-----------------------------|---|-----------------------------|---|

**Specialty**

- |  |  |   |   |
|--|--|---|---|
| <input type="radio"/> 11. KITL<br>gout                                 | <ul style="list-style-type: none"> <li>• Ketoprofen 10%</li> <li>• Indomethacin 10%</li> <li>• Triamcinolone 0.2%</li> <li>• Lidocaine 5%</li> </ul>   | <input type="radio"/> 14. Infected Wounds             | <ul style="list-style-type: none"> <li>• Phenytoin 5%</li> <li>• Misoprostol 0.0024%</li> <li>• Aloe Vera 200:1</li> <li>• Prilocaine 2%</li> <li>• Levofloxacin 2%</li> <li>• Metronidazole 2%</li> <li>• Vancomycin 5%</li> </ul> |
| <input checked="" type="radio"/> 12. Multi Purpose<br>Topical Scar Gel | <ul style="list-style-type: none"> <li>• Fluticasone Propionate 1%</li> <li>• Levocetirizine Dihydrochloride 2%</li> <li>• Pentoxifylline 0.5%</li> <li>• Prilocaine 3%</li> <li>• Gabapentin 15%</li> </ul> | <input type="radio"/> 15. Other<br>custom formulation |   |
| <input type="radio"/> 13. Non-Infected<br>Wounds                       | <ul style="list-style-type: none"> <li>• Phenytoin 5%</li> <li>• Misoprostol 0.0024%</li> <li>• Aloe Vera 200:1</li> <li>• Prilocaine 2%</li> <li>• in SpiraWash Gel Base</li> </ul>                         |   |   |

Quantity: ~~300 mLs~~ (Three Hundred) = 4 week supply Other Qty: 120 mLs x 2 wks  
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 7  
 Alternate SIG: \_\_\_\_\_

Prescriber Name: Colleen Kennedy, MD NPI # 1508897810  
 Lic. #: M7325 DEA #: \_\_\_\_\_  
 Address: 1309 Ridge Rd. Ste 109 Rockwall, TX 75089  
 Phone #: 214. 775. 1356 Fax #: 214. 613. 2231  
 Signature (Note: Manual Signature Required for CS) \_\_\_\_\_ Date: 10/29/13

Note: Tramadol and Ketamine are controlled substances.

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KEN003833

GX612.017

DOJ\_18CR368-0124560

JAYDEN Saylor		Insurance Info	
Home Phone		Carrier:	
Cell Phone		Bin#	PCN#
Address		Group #	
City	State	Workers Comp	Yes No
Garland	TX	DOI	Claim #
Allergies	Diag.		
NASA			

**General Pain / Inflammation**

- ☐ GPI-2
- Tramadol 5%
  - Flurbiprofen 20%
  - Cyclobenzaprine 2%
  - Baclofen 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Back & Radicular Pain**

- ☐ BRP-3
- Ketamine 10%
  - Clonidine 0.2%
  - Gabapentin 6%
  - Flurbiprofen 10%
  - Lidocaine 2%

- ☐ BRP-4
- Gabapentin 6%
  - Clonidine 0.1%
  - Diclofenac 2%
  - Lidocaine 2%
  - Pentoxifylline 2%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Neuropathic & Chronic Pain**

- ☐ NCP-5
- Ketamine 10%
  - Baclofen 2%
  - Gabapentin 6%
  - Imipramine 3%
  - Nifedipine 2%
  - Lidocaine 2.5%

- ☐ NCP-8
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Flurbiprofen 10%
  - Gabapentin 6%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

- ☐ NCP-7
- Flurbiprofen 20%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2.5%

- ☐ NCP-9
- Ketamine 10%
  - Baclofen 2%
  - Cyclobenzaprine 2%
  - Gabapentin 6%
  - Lidocaine 2%
  - Diclofenac 3%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Specialty**

- ☒ SCAR
- Fluticasone Propionate 1%
  - Levocetirizine Dihydrochloride 2%
  - Pentoxifylline 0.5%
  - For painful scars add:
  - Prilocaine 3%
  - Gabapentin 15%

- ☐ DERM-2: TOPICAL ANTI FUNGAL CREAM
- Fluticasone 1%
  - Fluconazole 2%
  - Pentoxifylline 0.5%
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☐ DERM-3: ANTI FUNGAL NAIL LOTION
- Fluticasone 1%
  - Fluconazole 2%
  - Urea 15%

- ☐ DERM-5: CONTACT DERMATITIS
- Fluticasone 1%
  - Methylcobalamin 0.07%
  - Coenzyme Q10 4%
  - Contact Dermatitis with pain add:
  - Lidocaine 2%
  - Hydroxyzine 2%

- ☒ DERM-6: PSORIASIS
- Fluticasone 1%
  - Methylcobalamin 0.042%
  - Coenzyme Q10 2.4%
  - Vitamin D3 0.03%
  - Tretinoin 0.012%

- ☐ DERM-7: PLANTAR FASCIITIS
- Diclofenac 5%
  - Baclofen 2%
  - Fluticasone 1%
  - Lidocaine 2%
  - Verapamil Hydrochloride 10%

(Dispensing Quantity: 300mLs OR Other Quantity: \_\_\_\_\_)  
 (SIG: Apply 1-2 pumps to affected area 2 times daily; 1 pump = 1.5 mLs Refills: \_\_\_\_\_)

**Metabolic Supplements**

- ☐ MS-1: GENERAL WELLNESS/ DERMATOLOGIC WELLNESS
- Co-Q10 75mg
  - Alpha Lipic Acid 50mg
  - N Acetyl Cystine 250mg
  - Vit D3 1000 IU

- ☐ MS-2: NEUROPATHIC/ POST SURGICAL WELLNESS
- Methylcobalamin 40mg
  - Pyridoxal-5-Phosphate 100mg
  - 5-MTHF 8mg

(SIG: Take 1 capsule by mouth twice daily; Dispense #: 60 OR Alternative SIG: \_\_\_\_\_)  
 Refills: \_\_\_\_\_

Alternative SIG: \_\_\_\_\_

Prescriber Name: Colleen Kennedy NPI # 1058897810

Lic. #: M7325 DEA #: \_\_\_\_\_

Address: 1309 Ridge Rd Ste 109 Rockwall, TX 75087

Phone #: 214-775-1356 Fax #: 214-613-2231

Signature (Note: Manual Signature Required for CS)

Date: 7/24/19

Note: Ketamine is Schedule III controlled substance.

CONFIDENTIAL

KEN003834

GX612.018

DOJ\_18CR368-0124561

Visit Report - Saylor, Jayden - 10/29/2013 11:30 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Saylor, Jayden** Sex : Male  
 Chart# : SAYJA0001 DOB : [REDACTED]  
 Phone : [REDACTED] (H), Address : [REDACTED] Garland, Texas 75044  
 Ref By :

DOS : **10/29/2013 11:30 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
---------------------------	---------------	------------------	-----------------	---------------

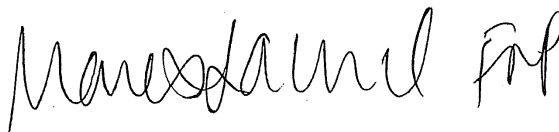
No Current Medication Recorded.

**VITAL SIGNS****Height** 67 inch 170 cm**Weight** 120 lbs 54.4 Kg**BMI** 18.8 Kg/m<sup>2</sup>**FOLLOW UP NOTE**

**Patient Name:** Saylor, Jayden  
**Chart Number:** SAYJA0001  
**Date of Service:** 10/29/2013 11:30 AM(CST)

**Procedure Performed:****Vitals:**

Temp: \_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Pulse Rate: \_\_\_\_ O2 Sat: \_\_\_\_  
 Starting Weight: \_\_\_\_ Current Weight: \_\_\_\_ Change: \_\_\_\_

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015
**CONFIDENTIAL****KEN003835**

GX612.019

DOJ\_18CR368-0124562

Dr. Colleen Kennedy, M.D., [Baylor Dallas Clinic](#), **Colleen I Kennedy, MD, PA**
[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)
[Today's List](#) | [Open Items](#) | [Messages](#) [4] | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

## Patient Dashboard

Garlad, Texas - 75044  
 SSN # [REDACTED] Ext. Rec#: [REDACTED]  
 Phone [REDACTED] (H)  
 DOB [REDACTED]  
 Age 7 yrs 11 mths Sex: Male  
 Pat. Due \$0.0 [Print Last STMT](#)

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:

Pri. Care Provider:

Unread Messages:

## Message Alert

sent script for compounding cream to Omni plus pharmacy

[History](#)[Edit](#)

## Electronic Notes

Enter Keyword



## Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
United Healthcare...	Grp: 628055591	MemId:	to	Co-Pay:	<a href="#">Edit</a>
Policy: <a href="#">826737871</a>	Plan:	SubId:		Ann.Deduc:	<a href="#">Eligibility</a>

<a href="#">Demographics</a> ✓	<a href="#">Allergies</a> ✓	<a href="#">OmniMD Rx History</a>	<a href="#">Transcriptions</a>	<a href="#">Messages</a>
<a href="#">Insurance Records</a> ✓	<a href="#">Current Medications</a> ✓	<a href="#">All Rx History</a>	<a href="#">Referrals</a>	<a href="#">CDA</a>
<a href="#">Eligibility Info</a>	<a href="#">Medical History</a> ▾	<a href="#">Rx Refills</a>	<a href="#">Form Records</a>	<a href="#">Lock Users</a>
<a href="#">Advance Directives</a>	<a href="#">Family History</a>	<a href="#">Rx Change Requests</a>	<a href="#">Scanned Documents</a>	<a href="#">Super Bills</a>
<a href="#">Patient Confidentiality</a>	<a href="#">Social History</a>	<a href="#">Lab/Radiology Orders</a>	<a href="#">Patient Flow Sheet</a>	<a href="#">Patient Ledger</a>
<a href="#">Patient Annotations</a>	<a href="#">Immunization</a>	<a href="#">Lab/Radiology Test Results</a>	<a href="#">Active Problem List</a>	
<a href="#">Patient Activity History</a>	<a href="#">HIPAA Disclosure</a>	<a href="#">Progress Report</a>	<a href="#">Pending Immunizations</a>	<a href="#">Patient Contact</a>
<a href="#">Incoming Referral File</a>	<a href="#">Amendment</a>	<a href="#">Patient Education</a> ▾		
<a href="#">Patient Portal Information</a> ⓘ				
<a href="#">Billing Note</a>				

## Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 10/29/2013 10:30 AM-10:45 AM TUE	np	Ms. Maries Laurel	<a href="#">F</a> <a href="#">M</a>	<a href="#">F</a> <a href="#">M</a>

## Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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## Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

Charts & Reports: [Growth Charts](#)[Delete Patient](#)[HELP](#)Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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Visit Report - V [REDACTED], E [REDACTED] - 10/29/2013 10:30 AM(CST) (OmniMD)

Page 1 of 2

Patient : V [REDACTED], E [REDACTED] Sex : Male

Chart# : VINEA0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED], Garland, Texas 75044

Ref By :

DOS : 10/29/2013 10:30 AM(CST) (15 mins), Location: CIK Business Office Rockwall

Chief Complaint: **Np**

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**Current MedicationDosageFrequencyDurationReason

No Current Medication Recorded.

**VITAL SIGNS****Height** 40 inch 101 cm**Weight** 45 lbs 20.4 Kg**BMI** 19.8 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** V [REDACTED], E [REDACTED]**Chart Number:** VINEA0001**Date of Service:** 10/29/2013 10:30 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Pulse Rate: \_\_\_\_ O2 Sat:

Starting Weight: \_\_\_\_ Current Weight: \_\_\_\_ Change:

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction and derm cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES**

Visit Report - V [REDACTED] E [REDACTED] - 10/29/2013 10:30 AM(CST) (OmniMD)

Page 2 of 2

**Disposition**



Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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[Today's List](#) | [Open Items](#) | [Messages](#) [4: 0] | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

## Patient Personal Record

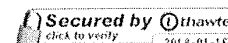
	Sex: Male	DOB: [REDACTED]	Age: 7 yrs 11 mths
Chart # VINEA0001	SSN #	Phone #	(H)

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History](#) | [Add/View Patient Past Address](#)

First Name	[REDACTED]	Address1	[REDACTED]
Last Name	[REDACTED]	Address2	
Middle Initial		City	Garlad
SSN		State	Texas
Suffix		Zip Code	75044
Father Name		Country	USA
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status	Full Time	Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status	Not a Student	Preferred Language	English
Blood Group		Pharmacy	
Race	White	Consent	Consent given
Ethnicity	Not Hispanic or Latino	Disable Health Alerts	No
Smoker	Never smoker	External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	10/31/2014
		Last Modified By	Ms. Robie Hansen

[Modify Patient Profile](#) | [Print View](#) | [Patient Portal Information](#) ⓘ
**HELP**
[Help Desk: 914.332.5590](#) | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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Visit Report - V [REDACTED], E [REDACTED] - 10/29/2013 10:30 AM(CST) (OmniMD)

Page 1 of 1

Patient : V [REDACTED], E [REDACTED] Sex : Male  
 Chart# : VINEA0001 DOB : [REDACTED]  
 Phone : [REDACTED] (H), Address : [REDACTED], Garland, Texas 75044  
 Ref By :

DOS : 10/29/2013 10:30 AM(CST) (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**

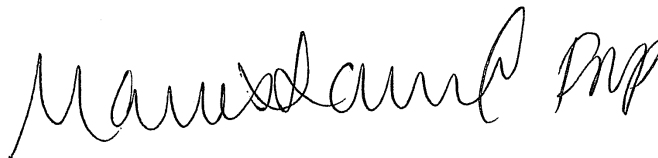
Current Medication	Dosage	Frequency	Duration	Reason
No Current Medication Recorded.				

**VITAL SIGNS****Height** 40 inch 101 cm**Weight** 45 lbs 20.4 Kg**BMI** 19.8 Kg/m<sup>2</sup>**FOLLOW UP NOTE**

**Patient Name:** V [REDACTED] E [REDACTED]  
**Chart Number:** VINEA0001  
**Date of Service:** 10/29/2013 10:30 AM(CST)

**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat: \_\_\_  
 Starting Weight: \_\_\_ Current Weight: \_\_\_ Change: \_\_\_

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction cream**Impression:** eczema**Plan:** apply compound scar reduction and derm cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

<https://www8.omnimd.com/jsp/EMRViewVisitDocument.jsp?forwardFile=/PCEMR/Visi...> 10/23/2015
**CONFIDENTIAL****KEN003973**

GX612.024

DOJ\_18CR368-0124700

Patient E [REDACTED] V [REDACTED]		DOB [REDACTED]	
Home Phone [REDACTED]		Cell Phone [REDACTED]	
Address [REDACTED]			
City <u>Garland</u>		State <u>TX</u>	Zip <u>75044</u>
Allergies <u>Penicillin</u>		Diag. [REDACTED]	

Insurance Info		
Carrier:		
Bin#	PCN#	
Group #		
Workers Comp	Yes	No
DOI	Claim #	

**General Pain / Inflammation**

- |                                    |                    |                                    |               |
|------------------------------------|--------------------|------------------------------------|---------------|
| <input type="radio"/> <b>GPI-1</b> | • Flurbiprofen 10% | <input type="radio"/> <b>GPI-2</b> | • Tramadol 5% |
| • Cyclobenzaprine 2%               |                    | • Flurbiprofen 20%                 |               |
| • Baclofen 2%                      |                    | • Cyclobenzaprine 2%               |               |
| • Lidocaine 2%                     |                    | • Baclofen 2%                      |               |

**Back & Radicular Pain**

- |                                    |                |                                    |                 |
|------------------------------------|----------------|------------------------------------|-----------------|
| <input type="radio"/> <b>BRP-3</b> | • Ketamine 10% | <input type="radio"/> <b>BRP-4</b> | • Gabapentin 6% |
| • Clonidine 0.2%                   |                | • Clonidine 0.1%                   |                 |
| • Gabapentin 6%                    |                | • Diclofenac 2%                    |                 |
| • Flurbiprofen 10%                 |                | • Lidocaine 2%                     |                 |
| • Lidocaine 2%                     |                | • Pentoxifylline 2%                |                 |

**Neuropathic & Chronic Pain**

- |                                    |                    |                                     |                |
|------------------------------------|--------------------|-------------------------------------|----------------|
| <input type="radio"/> <b>NCP-5</b> | • Ketamine 10%     | <input type="radio"/> <b>NCP-6</b>  | • Ketamine 10% |
| • Baclofen 2%                      |                    | • Lidocaine 5%                      |                |
| • Gabapentin 6%                    |                    | • Acyclovir 10%                     |                |
| • Imipramine 3%                    |                    | • Amitriptyline 2%                  |                |
| • Nifedipine 2%                    |                    |                                     |                |
| • Lidocaine 2.5%                   |                    | <input type="radio"/> <b>NCP-8</b>  | • Ketamine 10% |
|                                    |                    | • Baclofen 2%                       |                |
| <input type="radio"/> <b>NCP-7</b> | • Flurbiprofen 20% | • Cyclobenzaprine 2%                |                |
| • Baclofen 2%                      |                    | • Flurbiprofen 10%                  |                |
| • Cyclobenzaprine 2%               |                    | • Gabapentin 6%                     |                |
| • Gabapentin 6%                    |                    |                                     |                |
| • Lidocaine 2.5%                   |                    | <input type="radio"/> <b>NCP-10</b> | • Acyclovir 5% |
|                                    |                    | • Deoxy-D-Glucose 2%                |                |
| <input type="radio"/> <b>NCP-9</b> | • Ketamine 10%     | • Ketoprofen 10%                    |                |
| • Baclofen 2%                      |                    | • Amitriptyline 2%                  |                |
| • Cyclobenzaprine 2%               |                    | • Lidocaine 5%                      |                |
| • Gabapentin 6%                    |                    |                                     |                |
| • Lidocaine 2%                     |                    | <input type="radio"/> <b>NCP-11</b> | • Lidocaine 2% |
| • Diclofenac 3%                    |                    | • Prilocaine 2%                     |                |
|                                    |                    | • Lamotrigine 2.5%                  |                |
|                                    |                    | • Meloxicam 0.09%                   |                |

**Specialty**

- |  |                           |   |              |
|--|---------------------------|---|--------------|
| <input type="radio"/> <b>11. KITL<br/>gout</b>                                 | Ketoprofen 10%            | <input type="radio"/> <b>14. Infected Wounds</b>              | Phenytoin 5% |
| Indomethacin 10%   |                           | Misoprostol 0.0024%   |              |
| Triamcinolone 0.2%   |                           | Aloe Vera 200:1   |              |
| Lidocaine 5%   |                           | Prilocaine 2%   |              |
|  |                           | Levofloxacin 2%   |              |
|  |                           | Metronidazole 2%  |              |
|  |                           | Vancomycin 5%   |              |
| <input checked="" type="radio"/> <b>12. Multi Purpose<br/>Topical Scar Gel</b> | Fluticasone Propionate 1% | <input type="radio"/> <b>15. Other<br/>custom formulation</b> |              |
| Levocetirizine Dihydrochloride 2%  |                           |   |              |
| Pentoxifylline 0.5%  |                           |   |              |
| Prilocaine 3%  |                           |   |              |
| Gabapentin 15%   |                           |   |              |
| <input type="radio"/> <b>13. Non-Infected<br/>Wounds</b>                       | Phenytoin 5%              |   |              |
| Misoprostol 0.0024%  |                           |   |              |
| Aloe Vera 200:1  |                           |   |              |
| Prilocaine 2%  |                           |   |              |
| in SpiraWash Gel Base  |                           |   |              |

Quantity: ~~300mLs~~ (Three Hundred) = 4 week supply Other Qty: 120 mLs per 2 wks  
 SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: PAN  
 Alternate SIG: \_\_\_\_\_

Prescriber Name: Kennedy Colleen MD NPI # 1508897810  
 Lic. #: M7325 DEA: # \_\_\_\_\_  
 Address: 1309 Ridge Rd. Ste 109 Rowlett, TX 75087  
 Phone #: 214.775.1358 Fax #: 214.613.2231  
 Signature (Note: Manual Signature Required for CS) \_\_\_\_\_ Date: 10/29/13

Note: Tramadol and Ketamine are controlled substances.

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KEN003974

GX612.025

DOJ\_18CR368-0124701

Dr. Colleen Kennedy, M.D., [Baylor Dallas Clinic](#), **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing |

Today's List | Open Items | Messages [4 : 0] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

**Patient Dashboard**

**V. L.**  
 Garland, Texas - 75044  
 SSN # Ext. Rec#:   
 Phone (H)   
 DOB   
 Age 9 yrs 3 mths Sex: Male  
 Pat. Due \$0.0 [Print Last STMT.](#)

Principal Provider: **Dr. Colleen Kennedy [Health Record](#)**  
 Referring Provider:  
 Pri. Care Provider:  
 Unread Messages:  
**Message Alert**  
 sent script for compounding cream to Omni plus pharmacy  
[History](#)  
[Edit](#)

**Electronic Notes**  
 Enter Keyword

**Patient's Primary Insurance Details**

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
United Healthcare...	Grp: 628055591	MemId:	to	Co-Pay:	<a href="#">Edit</a>
Policy: <b>826737871</b>	Plan:	SubId:		Ann.Deduc:	<a href="#">Eligibility</a>

**Demographics** ✓ **Allergies** ✓ **OmniMD Rx History** **Transcriptions** **Messages**  
**Insurance Records** ✓ **Current Medications** ✓ **All Rx History** **Referrals** **CDA**  
**Eligibility Info** **Medical History** **Rx Refills** **Form Records** **Lock Users**  
**Advance Directives** **Family History** **Rx Change Requests** **Scanned Documents** **Super Bills**  
**Patient Confidentiality** **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**  
**Patient Annotations** **Immunization** **Lab/Radiology Test Results** **Active Problem List** **Pending Immunizations** **Patient Contact**  
**Patient Activity History** **HIPAA Disclosure** **Progress Report** **Pending Immunizations** **Patient Contact**  
**Incoming Referral File** **Amendment** **Patient Education** **Y**  
**Patient Portal Information**   
**Billing Note**

**Cases and Visits** [New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
Case: np 10/29/2013 10:45 AM-11:00 AM TUE	np	Ms. Maries Laurel		

**Patient's Recent and Upcoming Health Alerts** [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

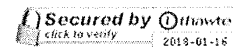
**Patient's Future Appointments** [Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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Charts & Reports: [Growth Charts](#) [Delete Patient](#)

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Visit Report - V [REDACTED], L [REDACTED] - 10/29/2013 10:45 AM(CST) (OmniMD)

Page 1 of 2

Patient : **Vinzant, Landen** Sex : Male

Chart# : VINLA0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : [REDACTED] Garland, Texas 75044

Ref By :

DOS : **10/29/2013 10:45 AM(CST)** (15 mins ), Location: CIK Business Office RockwallChief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**Current MedicationDosageFrequencyDurationReason

No Current Medication Recorded.

**VITAL SIGNS****Height** 42 inch 106 cm**Weight** 54 lbs 24.5 Kg**BMI** 21.5 Kg/m<sup>2</sup>**FOLLOW UP NOTE****Patient Name:** V [REDACTED], L [REDACTED]**Chart Number:** VINLA0001**Date of Service:** 10/29/2013 10:45 AM(CST)**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat:

Starting Weight: \_\_\_ Current Weight: \_\_\_ Change:

**Current Medications:****Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction and derm cream**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures**

Visit Report - V [REDACTED], L [REDACTED] - 10/29/2013 10:45 AM(CST) (OmniMD)

Page 2 of 2

**PROCEDURES**

**Disposition**

Visit Report - V [REDACTED], I [REDACTED] - 10/29/2013 10:45 AM(CST) (OmniMD)

Page 1 of 1

Patient : V [REDACTED], L [REDACTED] Sex : Male  
 Chart# : VINLA0001 DOB : [REDACTED]  
 Phone : [REDACTED] (H), Address : [REDACTED] Garland, Texas 75044  
 Ref By :

DOS : 10/29/2013 10:45 AM(CST) (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint: Np

Attended By: Ms. Maries Laurel (214-775-1356)

Employer:

**Allergies****No Known Drug Allergies.****Intolerance**

No Intolerance Recorded

**Current Medications**

<u>Current Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Duration</u>	<u>Reason</u>
No Current Medication Recorded.				

**VITAL SIGNS****Height** 42 inch 106 cm**Weight** 54 lbs 24.5 Kg**BMI** 21.5 Kg/m<sup>2</sup>**FOLLOW UP NOTE**

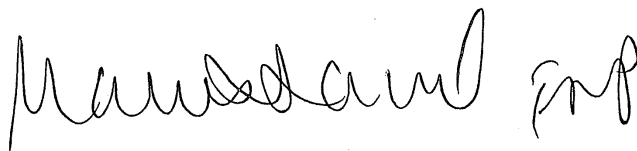
**Patient Name:** V [REDACTED]  
**Chart Number:** VINLA0001  
**Date of Service:** 10/29/2013 10:45 AM(CST)

**Procedure Performed:****Vitals:**

Temp: \_\_\_ BP: \_\_\_/\_\_\_ Pulse Rate: \_\_\_ O2 Sat: \_\_\_  
 Starting Weight: \_\_\_ Current Weight: \_\_\_ Change: \_\_\_

**Current Medications:**

**Note:** hx of eczema scarring, itching and scratching causing scarring-called in compound scar reduction and derm cream

**Impression:** eczema**Plan:** apply compound scar reduction cream to affected area prn**F/U in:** as needed**Prescriptions and Lab Orders****Diagnoses****DIAGNOSES****Procedures****PROCEDURES****Disposition**

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**CONFIDENTIAL****KEN003978**

GX612.029

DOJ\_18CR368-0124705



Patient Name L [REDACTED] V [REDACTED]		DOB [REDACTED]	Rep #
Home Phone		Cell Phone	Insurance Information
Address			Provider United Healthcare
City GARLAND	State TX	Zip 75044	Bin #
Allergies	Diagnosis		Group # 201057
			Member ID # 826737871
			SS #

**Colleen Kennedy, MD**

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature

Date

10/28/13

☐ **GENERAL PAIN/INFLAMMATION** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
DICLOFENAC 3%, KETOPROPHEN 10%, BACLOFEN 2%, LIDOCAINE 2%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **NEUROPATHIC & CHRONIC PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
DICLOFENAC 3%, FLURBIPROFEN 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, PIROXICAM 2%,  
LIDOCAINE 5%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **BACK & RADICULAR PAIN** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
GABAPENTIN 6%, CLONIDINE 0.1% DICLOFENAC 2%, LIDOCAINE 2%, PENTOXIFYLINE 2%

Apply 1-2 grams to affected area 3-4 times per day.

☒ **SCAR REDUCTION CREAM** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifyline 0.05%, Prilocaine 3%, Gabapentin 15%  
Apply up to 4 grams (Each pump equals one gram) twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

☐ **INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, LEVOFLOXACIN 2%,  
METRONIDAZOLE 2%, VANCOMYCIN 5%, Spirawash™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **NON-INFECTED WOUNDS** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
2.PHENYTOIN 5%, MISOPROSTOL 0.0024%, ALOE VERA 200:1, PRILOCAINE 2%, Spirawash™

Apply 1-2 grams to affected area 3-4 times per day.

☐ **GOUT** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
3.KETOPROFEN 10%, INDOMETHACIN 10%, TRIAMCINOLONE 0.2%, LIDOCAINE 5%

Apply 1-2 grams to affected area 3-4 times per day.

☒ **PSORIASIS/ECZEMA** 60GMS 120GMS 150GMS 180GMS 240GMS Refills 1 2 3 4 5 prn  
TRIAMCINOLONE 0.2%, ZINC OXIDE 2%, LIDOCAINE 5%, GABAPENTIN 15%, KETOPROFEN 10%,  
CYANOCOBALAMINE 0.07%, Lipoderm™

Apply 1-2 grams to affected area 3-4 times per day.

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